University Hospitals of Leicester NHS
NHS Trust

Policy for Responding to Nationally Published Guidance

Specifically, by the

National Institute for Health and Care Excellence (NICE)

and the

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)*

*Includes Requests for data submissions to NCEPOD

Approved By:	Policy and Guideline Committee
Date of Original Approval:	**19 November 2008** (PGC Chair's action)
Trust Reference:	**B61/2008**
Version:	V5
Supersedes:	V4 – March 2019
Trust Lead:	Nicola Baker, Deputy Head of Outcomes and Effectiveness
Board Director Lead:	Andrew Furlong, Medical Director
Date of Latest Approval	19 August 2022 – Policy and Guideline Committee
Next Review Date:	**October 2025**

CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

This policy has been revised to reflect the Organisational Structure and also the new Policy Template. August 2022 – Section 8.1 reference to implementation of NICE Guidance added and Appendix 3b Head of Outcomes and effectiveness (HOE) changed to Head of Quality Assurance. A sentence regarding how risk assessments are mitigated has been addedd

KEY WORDS/Abbreviations

The National Institute for Health & Care Excellence (NICE),

National Confidential Enquiry (NCE),

Mothers & Babies: Reducing Risk through Audits & Confidential Enquiries (MBRRACE) UK,

National Confidential Enquiry into Patient Outcome & Death (NCEPOD).

1 INTRODUCTION AND OVERVIEW

1.1 Nationally agreed best clinical practice guidance is issued via many organisations.

1.2 In order to ensure that the recommendations from these guidance documents are reviewed and implemented within UHL (where appropriate), there needs to be a formalised process in place.

1.3 It is also important that the Trust has a clear process to ensure accurate and timely submission of data to National Confidential Enquiries (NCE)

1.4 This policy aims to ensure provision of a high-quality service to patients which takes account of recommendations made by NICE and NCEPOD

1.5 To provide clarity as to the process that should take place within the Trust including:

a. Timely and accurate submission of data requested by relevant NCEs.

b. Effective horizon scanning in order that National Guidance is evaluated ahead of implementation deadlines and factored into the business planning processes of the trust.

c. Review of National Guidance recommendations for relevance and self-assessment to identify and escalate non-compliance exceptions appropriately

d. Targeted allocation of responsibilities for National Guidance implementation; where guidance affects more than one service line or clinical specialty ensuring appropriate consultation and decisions are made with involvement of all key stakeholders including Alliance Elective Services

e. Working with relevant partnerships organisations and commissioners on planning and implementation of National Guidance when the guidance indicates it is required.

f. National Guidance recommendations are being considered when completing the UHL Clinical Audit Program

2 POLICY SCOPE

2.1 There are two aspects to this policy:

- Participation in NCEs (from NCEPOD)and submission of data
- Responding to recommendations from Nationally agreed best practice

2.2 This policy applies to all clinicians, managers and other staff who have the responsibility to:

a. Respond to Nationally agreed best clinical practice guidance within Clinical Management Groups
b. Support UHL's submission of data to NCEs
c. The roles and responsibilities of each of these staff groups as described in section 5.0.

2.3 This policy does not apply to the dissemination and response to guidance distributed via Department of Health Central Alerting System (CAS) which has a Separate process
https://www.cas.mhra.gov.uk/Home.aspx
(Central Alerting System (CAS) Broadcasts UHL Policy B1/2005)

2.4 This policy does not provide details of the process for participation in the Confidential Enquiry: Mothers and Babies: Reducing Risk through Audits and Confidential Enquires (MBRRACE UK) as this is specifically managed by the Women's & Children's CMG but the principles of the policy should be incorporated into their process.

2.5 The principles of this policy should be followed for clinical guidance published from all National bodies but the requirement but the requirement to implement and ensure compliance will be upon and publishing organisations status at a National level.

2.6 Other National bodies include:

- Department of Health and Social Care (DHSC), including National
- Service Frameworks NHS Executive (NHSE)
- Care Quality Commission (CQC)
- Royal Colleges, such as the Royal College of Physicians; Royal College of Surgeons
- Statutory Professional Bodies, such as the General Medical Council, Nursing and Midwifery Council

3 DEFINITIONS AND ABBREVIATIONS

3.1 '**Nationally agreed'** refers to documents that have been published by national organisations which have an official advisory or regulatory role for the National Health Service.

3.2 **'Best clinical practice guidance'** in this policy refers to guidance documents that relate to clinical care

a. for the purpose of this document 'nationally agreed best clinical practice guidance' will be referred to as '**national guidance'**

3.3 Organisational gap analysis / self-assessment

a. A **gap analysis** is defined as a technique for determining the steps to be taken in moving from a current state to a desired future state: where we are, where we want/need to be, the gaps between the two and culminating in an action plan for how we are going to get there.

b. **Self-assessment** is the process of critically reviewing or self-reflection of the quality of current performance and provision, either on an individual or collective basis. This process should culminate in the preparation of a document reflecting that review/self- reflection.

3.4 In respect of responding to nationally published guidance recommendations, undertaking an organisational gap analysis or self-assessment would be the process of comparing current practice, service delivery and/or performance against the recommendations/ standards stated in the national guidance document and identifying what actions needed to be taken to ensure implementation and compliance for those standards by all relevant areas of the organisation.

- For the purpose of this Policy, all such processes will be referred to as **'self- assessment'**

4 ROLES AND RESPONSIBILITIES

4.1 Medical Director

- Has executive responsibility for ensuring Trust consideration of requests for submission of data to NCEs and nationally agreed best clinical practice guidance (national guidance).
- Approving any decision NOT to implement recommendations or submit data, in collaboration with other members of the Executive Team as appropriate.
- Is responsible for identifying an "Ambassador" for the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) (see 5.5).
- Is responsible for reporting to the Trust's Quality Committee on any areas of risk to the organisation through non-compliance with NICE guidance and actions being taken to mitigate.

4.2 Executive Directors

- Whist NICE guidance is published monthly on the Institute's website, other National guidance or requests for NCE data will be usually be sent to the Trust via the offices of the Chief Executive, Medical Director, Chief Operating Officer or Chief Nurse but could be sent to any Executive Director

- Executive Directors are responsible for identifying an appropriate lead to co-ordinate a response to any national guidance received or for sending onto the Head of Outcomes & Effectiveness (HOE) for their co-ordination.

- Executive Directors will also be responsible for advising the HOE which Trust Committee should receive a final response to National guidance received directly.

4.3 Chief Operating Officer and Director of Strategy and Communications

The Chief Operating Officer together with the Director of Strategy and Communications is responsible for ensuring that National guidance focused business plans are prioritised with the Trust's commissioners and are incorporated into the Trust's Strategic Direction.

4.4 The Executive Quality Board

a. The Executive Quality Board (EQB) has an overarching responsibility for seeking assurance that nationally agreed best clinical practice guidance (National guidance) is considered and implemented locally and that lessons are shared throughout the organisation through appropriate communication and reporting**.**

b. EQB is responsible for overseeing progress with submission of data to NCEs

c. EQB also has the responsibility of receiving and reviewing annual reports of responses to national guidance which will include details of:
   - Assessment of relevance to the Trust
   - Review of compliance to individual recommendations

- Actions planned to meet any areas of non-compliance
- Risks associated with areas of non- compliance

4.5 National Confidential Enquiry into Patient Outcomes and Death Ambassador (NCEPOD Ambassador) - as identified by the Medical Director - is responsible for:

a. Providing clinical leadership to UHL's participation in NCEs on behalf of the Medical Director
b. Ensuring appropriate clinical leads for individual NCE studies
c. Raising awareness of NCEPOD studies with relevant medical staff and encouraging completion of questionnaires
d. Providing advice for the Head of Outcomes and Effectiveness (HOE) and Clinical Effectiveness Project Support Officer (LEAD OFFICER) with the process for participation in NCE studies, specifically if any delays in data submission
e. Escalating any delays or non-returns for data to the Medical Director
f. 'Signing off' accuracy and completeness of submitted data
g. Promoting awareness of NCEPOD report recommendations with relevant clinical areas

4.6 Head of Quality Assurance is responsible for:

a. Overseeing the process for collection and submission of data to NCEs and escalation of any delays to the NCE Ambassador
b. Identifying appropriate UHL NCEPOD Reporter (see 4.8)
c. Escalating appropriately the risks of non-compliance or not implementing guidance recommendations to the Medical Director and Executive Quality Board (EQB) and for ensuring these are entered onto the Trust's Risk Register, where applicable
d. Escalating appropriately the risks of non-compliance or not implementing guidance recommendations to the Medical Director and Executive Quality Board (EQB) and for ensuring these are entered onto the Trust's Risk Register, where applicable
e. Providing quarterly reports to the EQB, the Quality and Outcomes Committee and Commissioners (via the Clinical Quality Review Group) and other Trust Committees as required
f. Liaising with the UHL Clinical Audit Manager in respect of national guidance with implications for the UHL Clinical Audit Program

4.7 Clinical Effectiveness Project Support Officer (LEAD OFFICER) is responsible for:

a. Liaising with the UHL Information Analysts in respect of compiling datasets of potential patients meeting an NCEPOD study criteria
b. Coordinating case note retrieval for NCEPOD studies
c. Managing the day-to-day process for dissemination of NCEPOD questionnaires (see Appendix 2)
d. Acting as UHL's NCEPOD Local Reporter (see 4.8)
e. Identifying national guidance, in collaboration with the Clinical Librarians and relevant clinical leads with support from CMG management team and HOE
f. Ensuring the UHL National Clinical Guidance database is accurately

maintained and up to date

g. Preparation of National Guidance Response Summary Forms (Appendix 4) and supporting documents and dissemination to relevant Clinical Leads including the Alliance elective Services
h. Supporting Clinical Leads with completion of Self-assessment Templates and Summary Forms or Risk Assessment documents, where applicable
i. Collating and quality assuring responses from Clinical Leads and escalating delays to CMG Management team if applicable
j. Generating accurate reports on compliance for the Head of Quality Assurance, New Interventional Procedures Authorising Group (NIPAG) and EQB
k. Day to day management of the process for review of national guidance – see flow charts in Appendices 3a and 3b for specific details
l. Archiving completed National Guidance Response Summary Forms and associated self- assessment or compliance documents.
m. Preparing monthly reports for CMG Quality & Safety Boards with details of recently published NICE guidance and NCE reports plus summaries of compliance responses
n. Selecting positive responses on a sample basis throughout the year to confirm compliance with NICE guidance
o. Upload all new guidance and compliance responses to the Patient Safety Portal to ensure all staff are aware of those recommendations that have an implication for their own area of practice

4.8 UHL NCEPOD Local Reporter (NCE Local Reporter) – as identified by the Head of Outcomes & Effectiveness - is responsible for:

a. Acting as a link between the non-clinical staff at NCEPOD and UHL and being a named contact for information
b. Compilation and sending of datasets requested by NCEPOD – (once approved by the NCEPOD Ambassador)

4.9 Clinical Management Group (CMG) Clinical Directors and Heads of Service are responsible for:

a. Ensuring submission of accurate and complete data for NCE studies relevant to their CMG/Service
b. Identifying a relevant 'Lead Officer' to co-ordinate a response to National Guidance
c. Supporting the Lead Officer with the following, as applicable (see 4.11)

- Review of the specific recommendations and assessment of relevance to the Service/CMG/Trust
- Onward dissemination of the national guidance recommendations to relevant clinical and managerial staff within their CMG/Service
- Undertaking a self-assessment of current compliance with the national guidance recommendations
- Consideration of the action and resources needed to achieve compliance – if applicable
- Ensuring any financial considerations are incorporated into the business planning process
- Ensuring actions are in place to support implementation of the guidance recommendations and to address areas of non-compliance
- Managing the implementation and communication of change within their

areas of responsibility and liaising with other directorates as necessary across the trust
- Consideration and risk assessment of any relevant areas of non-compliance with national guidance and ensuring appropriate action taken accordingly, to include entering onto the Trust Risk Register where applicable
- Ensuring any audit implications are incorporated into the CMG/Service audit program as appropriate

d. Ensuring Compliance is reviewed and 'Signed off' prior to submission to the LEAD OFFICER within timescales set out in Appendices 3a and 3b.

4.10 CMG and Specialty Managers are responsible for:

a. Liaising with their clinical teams and the lead officers for each relevant guidance to ensure that business planning takes account of national guidance recommendations

b. Supporting the self-assessment against the national guidance

Recommendations, particularly in respect of activity or financial implications

c. Ensuring business cases are developed to address any areas of non-compliance due to financial or service constraints

4.11 National Guidance Lead Officers – (as identified by CMG Clinical Director/ Heads of Service) are responsible for:

a. Assessment of national guidance's relevance to the Trust

b. Identifying which members of the multidisciplinary team should be involved in the self- assessment of current compliance with the national guidance recommendations

c. Undertaking a self-assessment to identify the action and resources needed to achieve compliance – this will include impact on patient numbers; staffing; equipment and training; budget planning; and configuration of services

d. Onward dissemination of the guidance recommendations to relevant staff, either as part of the response process or for general information

e. Consideration of the action and resources needed to support implementation of the guidance recommendations and development of appropriate action plan (in collaboration with other members of the MDT and relevant Senior Management Team) to achieve compliance

f. Ensuring any financial considerations are escalated to the Senior Management Team

g. Ensuring any requirements for baseline audit against the guidance recommendations or on-going monitoring are highlighted to the Head of Service/CMG Clinical Director or Audit Lead for incorporation into the UHL Clinical Audit Program

h. Completing a Guidance Response Summary (Appendix 5) for 'sign off' by the relevant Head of Service prior to submission to LEAD OFFICER as per timescales set out in Appendices 3a and 3b

i. Managing the implementation and communication of change within their areas of responsibility and liaising with relevant leads for other areas

j. Highlighting relevant areas of non-compliance to the CMG Clinical Director/Head of Service and CMG Quality and Safety Board Q&S advising what action required to achieve compliance

k. Undertaking and reporting of Risk Assessments where anticipated issues with achieving compliance with National Guidance recommendations

l. Responding to requests for additional information if necessary

4.12 National Confidential Enquiry Leads (NCE Leads) – as identified by the NCEPOD Ambassador - are responsible for:

a. Following up with individual clinicians if delays in returning NCE forms

b. Escalating non returns to Heads of Service, CMG Clinical Directors or the UHL NCEPOD Ambassador as necessary

c. Supporting the data validation process via to submission

d. Reviewing the recommendations from completed studies

e. Supporting the HOE and LEAD OFFICER with co-ordinating a UHL response and self- assessment against published NCE recommendations

f. Escalating any areas of non-compliance to relevant clinical and managerial leads and the CMG Quality & Safety Board and undertaking risk assessment as applicable.

4.13 All Staff are responsible for:

a. Participating in NCE studies and ensuring timely returns of NCE questionnaires as applicable

b. Being aware of the recommendations within national guidance that has implications for their own area of practice.

c. Advising their manager of any issues in respect of implementation of national guidance recommendations.

d. Participating in any audits of national guidance

5 POLICY STANDARDS

5.1 NICE guidance and NCE recommendations must be reviewed for relevance to UHL's services and where applicable a self-assessment undertaken to confirm level of compliance or need for actions. UHL will follow NICE Guidance where applicable.

5.2 Where actions are required, these must be incorporated into relevant clinical pathways or business planning processes.

5.3 Where self-assessment identifies areas of non-compliance which will not be addressed by proposed actions, a risk assessment must be undertaken.

5.4 If there is a clinical decision NOT to implement recommendations or submit data, this must be escalated to the Medical Director and a risk assessment undertaken.

5.5 Proposed NCE studies must be reviewed for relevance to UHL and data submitted, where applicable.

The above standards are supported by the following Appendices:

Appendix 1 **Types of National Guidance**

Appendix 2 **Process for Submitting Data to National Confidential Enquiries**

Appendix 3a **Process and Timescales for Responding to National Guidance – n**

NICE TAGs, IPGs, MTGs & HSTGs

Appendix 3b **Process and Timescales for Responding to National Guidance – NICE QSs, NGs and NCEs**

Appendix 4 **NICE/NCE Guidance Audit Program**

Appendix 5 **National Guidance Response Summary Form Template**

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 There are no training requirements with implementation of this policy.

6.2 Advice on the process or completion of Self-Assessment forms can be sought from the HOE and LEAD OFFICER.

7PROCESS FOR MONITORING COMPLIANCE OF THIS POLICY

Element to be monitored	Lead	Method	Frequency	Reporting arrangements
Completion Guidance Response Summary Forms	LEAD OFFICER	Review of NICE Database	Quarterly	EQB
Levels of Compliance	Head of Quality Assurance	Review of Responses and NICE Database	Quarterly	EQB
Data submitted to NCE	NCE Local Reporter	Review of NCE Database	Quarterly	EQB
Risk of non-compliance or not implementing guidance	Head of Quality Assurance	Risk register	Quarterly	Medical Director and EQB

8 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

8.1 **Implementation of National Institute for Health and Clinical Excellence (Nice) Guidance https://www.nice.org.uk/about/what-we-do/into-practice/implementing-nice-guidance**

9 Process For version Control, Document Archiving and Review

9.1 The previous Responding to National Guidance Policy will be archived in the Trust Policy and Guidelines library (PAGL)

9.2 The next review of this policy will be March 2022

TYPES OF NICE GUIDANCE AND NATIONAL CONFIDENTIAL ENQUIRIES

1.1 NATIONAL INSTITUTE OF HEALTH AND CLINICAL EXCELLENCE (NICE)

NICE provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health.

NICE publish various guidance documents and make recommendations to the NHS on:

- new and existing medicines, treatments and procedures
- Treating and caring for people with specific diseases and conditions.

1.2 Technology Appraisal Guidance documents (TAGs)

NICE TAGs provide recommendations on the use of new and existing health technologies in the NHS relating to:

- medicines
- medical devices (for example, hearing aids or inhalers)
- diagnostic techniques (tests used to identify diseases)
- surgical procedures (for example, repairing hernias)
- health promotion activities (for example, ways of helping people with diabetes manage their condition).

TAGs can be about a single technology for a single indication or more than one technology, or one technology for more than one indication.

The NICE Technology Appraisal Committee consider and interpret evidence on the clinical effectiveness and cost effectiveness of health technologies and will then make recommendations as to whether the technology should or should not be used in the NHS.

Within UHL compliance to all drug related TAG's are now overseen by the Therapeutic Advisory Service (TAS).

1.3 Interventional Procedure Guidance documents (IPGs)

NICE's Interventional Procedures Program assesses the safety and efficacy of (mainly) new procedures that are used for diagnosis or treatment that involve incision, puncture, entry into a body cavity or the use of ionising, electromagnetic or acoustic energy.

NICE interventional procedure guidance makes recommendations on the safety and efficacy of the procedure. It does not cover whether or not the NHS should fund a procedure.

An interventional procedure is a procedure used for diagnosis or treatment that involves one of the following:

- Making a cut or a hole to gain access to the inside of a patient's body - for example, when carrying out an operation or inserting a tube into a blood vessel.
- Gaining access to a body cavity (such as the digestive system, lungs, womb or bladder) without cutting into the body - for example, examining or carrying out treatment on the inside of the stomach using an instrument inserted via the mouth.

- Using electromagnetic radiation (which includes X-rays, lasers, gamma-rays and ultraviolet light) - for example, using a laser to treat eye problems.

Within UHL, compliance with IPG recommendations are overseen by the New Interventional Procedures Authorising Group (NIPAG)

1.4 NICE Guidelines (NG's)/Clinical Guidelines (CGs)

NICE clinical guidelines are systematically-developed recommendations on how healthcare and other professionals should care for people with specific conditions. The recommendations are based on the best available evidence. Clinical guidelines are also important for health service managers and those who commission NHS services.

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer

Guidelines cover a range of topics

- specific conditions
- medicines in different settings
- social care for adults and children
- community health
- safe staffing in the NHS

Guidelines set out:

- the care and services that are suitable for most people with a specific condition or need
- the care and services suitable for particular populations, groups or people in particular circumstances or settings
- ways to promote and protect good health
- ways to prevent ill health
- the configuration and provision of health and social care services
- how public sector organisations and partnerships can improve the quality of care and services

- **Public health guidelines**

  Public health guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health. The guidance may focus on a particular topic (such as smoking), a particular population (such as schoolchildren) or a particular setting (such as the workplace).

- **Social care guidelines**

  The primary role of NICE social care guidelines is to provide recommendations on "what works" in terms of both the effectiveness and cost-effectiveness of social care interventions and services.

- **Medicines practice guidelines**

  NICE medicines practice guidelines provide recommendations for good practice for those individuals and organisations involved in governing, commissioning, prescribing and decision-making about medicines.

- **Safe staffing guidelines**
  Following the Report of the Francis Inquiry and the Berwick Review into Patient Safety, NICE has been asked by the Department of Health and NHS England to produce guidelines on safe staffing capacity and capability in the NHS.

1.5 Quality standards

NICE quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE. They are developed independently by NICE, in collaboration with health and social care professionals, their partners and service users.

Quality standards cover a broad range of topics (healthcare, social care and public health) and are relevant to a variety of different audiences, which will vary across the topics. Audiences will include commissioners of health, public health and social care; staff working in primary care and local authorities; social care provider organisations; public health staff; people working in hospitals; people working in the community and the users of services and their carers

Quality standards consider all areas of care, from public health to healthcare and social care. Evidence relating to effectiveness and cost effectiveness, people's experience of using services, safety issues, equality and cost impact are considered during development.

Although some standards are area-specific, there will often be significant overlap across areas and this is considered during development of the standard. Where appropriate, complementary referrals are combined and developed as a fully integrated quality standard

1.6 NICE website for more details http://www.nice.org.uk

2 NATIONAL CONFIDENTIAL ENQUIRIES (NCEs)

2.1 National Confidential Enquiry in to Patient Outcome and Death (NCEPOD)

NCEPOD was established in 1988 and originally only dealt with peri-operative death, however, studies now cover all specialties and looks at near misses rather than just death.

NCEPOD's purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public by reviewing the management of patients, by undertaking confidential surveys and research, and by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities.

Each year, NCEPOD invites organisations or individuals to submit original study proposals for consideration as possible forthcoming studies. Proposals should be relevant to the current clinical environment and have the potential to contribute original work to the subject. Organisations or individuals wishing to submit a study proposal are required to complete a Study Proposal Form, which will be available to download from this website at the time the call for proposals is announced.

NCEPOD web site https://www.ncepod.org.uk/

2.2 MBRRACE-UK -- Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK

MBRRACE-UK is a collaboration led from the at the University of Oxford

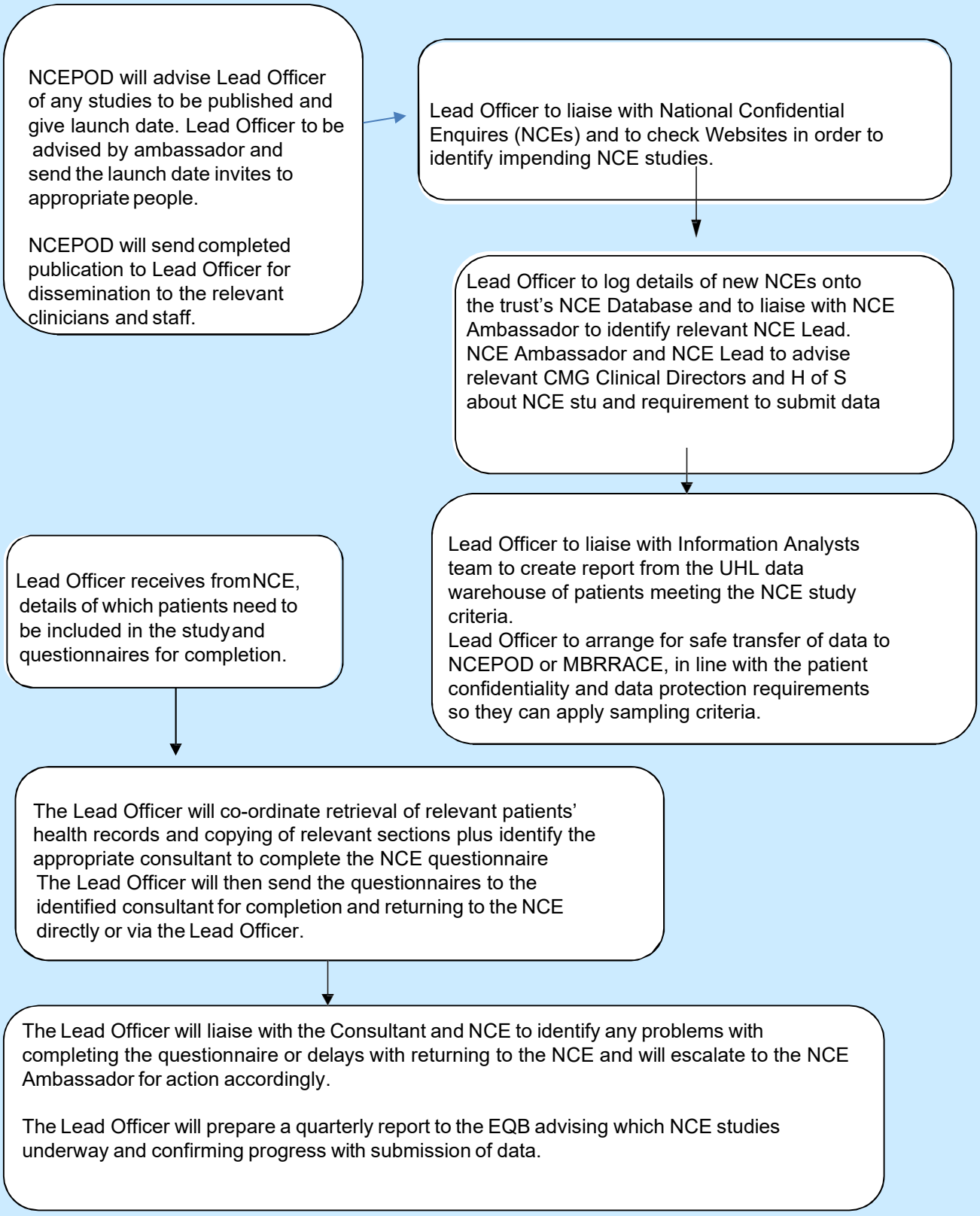
The aim of MBRRACE-UK is to provide robust information to support the delivery of safe, equitable, high quality, patient-centred maternal, new born and infant health services.

The MBRRACE-UK programme of work comprises national surveillance of late fetal losses, stillbirths and infant deaths, confidential enquiries into perinatal mortality and serious infant morbidity and the national Confidential Enquiry into Maternal Deaths.

MBRRACE-UK website www.npeu.ox.ac.uk/mbrrace-uk.

UHL Process for Responding to Requests for Data Submissions to National Confidential Enquiries

Appendix 2



UHL Process for Responding to National Guidance (NICE TAGs & IPGs) Appendix *3a*

Appendix 3a

Clinical Effectiveness Project Support Officer (CEPSO), 'horizon scans' for National Guidance by Checking National Guidance Websites for updates

CEPSO registers guidance on Trust National Guidance Database and Action as appropriate

CEPSO registers details of guidance onto the UHL National Guidance Database will send to the relevant Medical Lead(s) and Managers) with request for onward dissemination, self-assessment, completion of Guidance Summary Form and submission to CMG Q&S Board prior to returning to the

TRUSTWIDE GUIDANCE,
Medical Director or other relevant executive director identifies appropriate trust lead officer to co-ordinate self-assessment and response.
MONTH 0

Lead Officer is responsible for co-ordinating self-assessment and collating response either through 'face to face' meeting or electronically **MONTHS 1**

LEAD OFFICER to support Trust lead.
MONTHS 1-2
Completed response to be 'signed off' by Executive Lead and submitted to EQB as part of Quarterly NICE/NCE Report
MONTH 3 - 4

CMG RELEVANT GUIDANCE
CMG Clinical Director/Manager identifies relevant lead officer co-ordinate self-assessment and response. **MONTH 0**

Lead Officer is responsible for coordinating self-assessment and collating response either through 'face to face' meeting or electronically **MONTHS 1**

Completed response to be 'signed off' by CMG Q&S Board/ Directors **MONTHS 2-3** and submitted to LEAD OFFICER **MONTH 3 - 4** for reporting to EQB as part of Quarterly NICE/NCE Report

SERVICE SPECIFIC
Head of Service/Manager identifies relevant Lead Officer **MONTH 0** for undertaking self-assessment of compliance and completing UHL response summary form.
MONTH 1

Completed response form to be 'signed off' by CMG Q&S Board/ Head of Services **MONTHS 2-3** and submitted to LEAD OFFICER **MONTH 3 - 4** for reporting to EQB as part of Quarterly NICE/NCE Report

- LEAD OFFICER/HOE/DHOE to submit monthly reports for CMG Heads of Operation and Quality & Safety Boards summarising newly published guidance and compliance responses received
- LEAD OFFICER/Head of Quality Assurance to submit an Annual report to EQB (post NIPAG for NICE IPGs and TAS for NICE TAGs) summarising details of published guidance and self-assessment/compliance against recommendations
- Where guidance recommendations are not being implemented, an appropriate action plan will be developed and any financial or service considerations fed into the business planning process.
- Audit requirements will be fed in to the UHL clinical audit program
- Any areas of non-compliance with the guidance recommendations and no clear actions, to be escalated to EQB and Risk Assessment undertaken.
- EQB to onward refer to the Quality Outcomes Committee (QOC) as appropriate

Where National Guidance not deemed appropriate for implementation, Head of Service/CMG Clinical Director to report to CMG Q&S Board and EQB Decision not to implement to be recorded in Trust's National Guidance Database and Risk Register

UHL Process for Responding to National Guidance (NICE QS/NGs & National Confidential Enquiries)

Appendix 3b

Clinical Effectiveness Project Support Officer (LEAD OFFICER), to 'horizon scan' for National Guidance and check National Guidance Websites for updates.

Executive Directors/Senior Management Team to forward details of National Guidance to the for Registering on Trust National Guidance Database and Action as appropriate: NICE@uhl-tr.nhs.uk

LEAD OFFICER registers details of guidance onto the UHL National Guidance Database and following discussion with HOE will send to the relevant Medical Lead(s) and Managers) with request for onward dissemination, self-assessment, completion of Guidance Summary Form and submission to CMG Q&S Board prior to returning to the LEAD OFFICER. Where applicable, CESPO also copies in the Heads of Service, Alliance, Audit Lead and relevant Audit facilitator **MONTH 0**

TRUSTWIDE GUIDANCE, Medical Director or other relevant executive director identifies appropriate trust lead officer. **MONTH 0**
Lead Officer is responsible for co-ordinating self-assessment and collating response. **MONTHS 1-3**
LEAD OFFICER to support Trust lead. **MONTHS 1-3**
Completed response form, action plan/ risk assessment 'to be signed off' by Executive Lead and submitted to EQB as part of Quarterly NICE/NCE Report **MONTHS 3-4**

CMG RELEVANT GUIDANCE
CMG Clinical Director/Manager identifies relevant lead officer. **MONTH 0**
Lead Officer is responsible for co-coordinating self-assessment and collating response **MONTHS 1-3**
Completed response to be 'signed off' by CMG Q&S Board/Director **MONTHS 4-6**
and submitted to LEAD OFFICER. Alliance and Audit team are copied in and confirm if their input is relevant **MONTHS 6-7** for reporting to EQB as part of Quarterly NICE/NCE Report

SERVICE SPECIFIC Head of Service/Manager identifies relevant Lead Officer **MONTH 0** and complete UHL response summary form **MONTH 1-3**
Completed response form to be 'signed off' by CMG Q&S Board / Head of Service **MONTHS 4-6**
and submitted to LEAD OFFICER **MONTHS 6-7** for reporting to EQB as part of Quarterly NICE/NCE Report

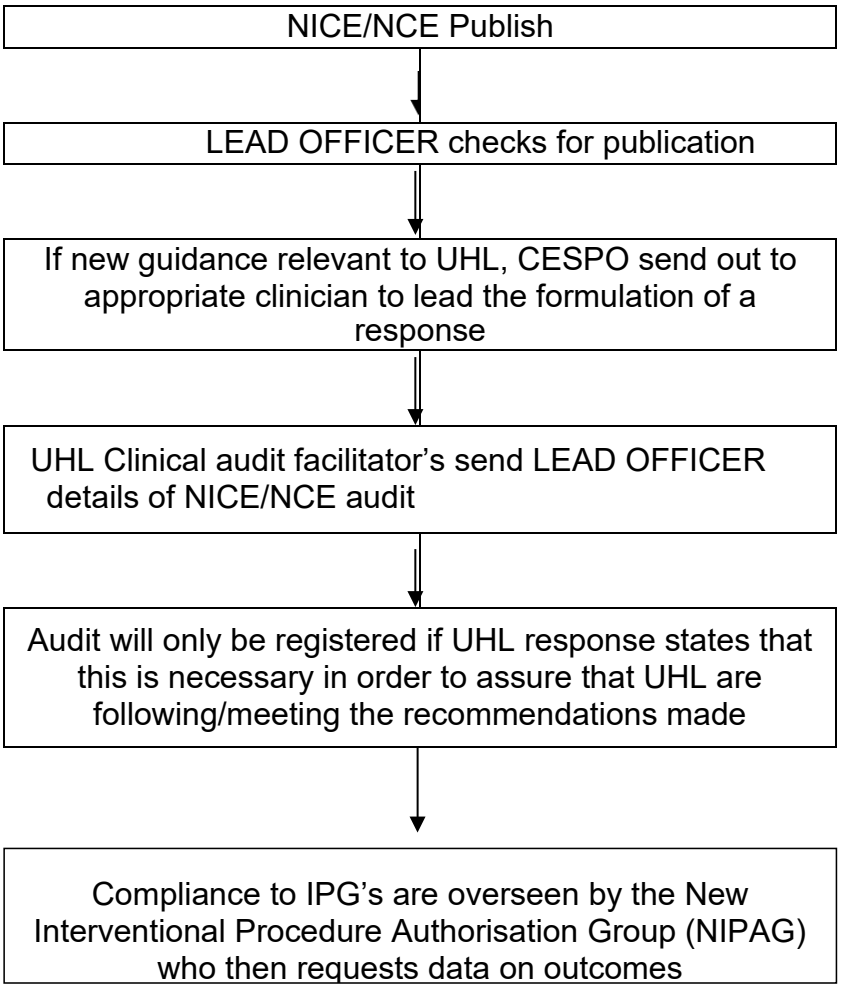
LEAD OFFICER to submit monthly reports for Quality & Safety Boards summarising newly published guidance and compliance responses received

- LEAD OFFICER to submit Quarterly report to EQB (post NIPAG for NICE IPGs and TAS for NICE TAGs) summarising details of published guidance and self-assessment/compliance against recommendations
- Where guidance recommendations are not being implemented, an appropriate action plan will be developed and any financial or service considerations fed into the business planning process.
- Audit requirements will be fed in to the UHL clinical audit programme. Audit will only be registered if UHL response states, is necessary, in order to assure UHL are following/meeting the recommendations made. Audit programme to be included within Q&S Report.
- Any areas of non-compliance with guidance recommendations and no clear actions, to be escalated to EQB and Risk Assessment undertaken
- EQB to onward refer to the Quality Outcomes Committee (QOC) as appropriate
- As part of the risk assessment services are asked how they are mitigated
- Completed risk assessments should be discussed at monthly CMG Q&S boards.

Where National Guidance not deemed appropriate for implementation, Head of Service/CMG Clinical Director to report to CMG Q&S Board & EQB.
EQB and Medical Director to review decision and if supported to report to QOC and commissions accordingly (via CQRG)
Decision not to implement to be recorded in Trust's National Guidance Database and Risk Register

Appendix 4

Response to NICE/NCE Guidance Audit Programme



University Hospitals of Leicester NHS
NHS Trust

Appendix 5

NICE Guidance Summary Sheet

NICE GUIDANCE REF & TITLE:		**DATE PUBLISHED**	**CMG**	**SPECIALITY**

Executive Lead:		**Head of Service/Dept**		**Lead Officer:**	
No of Recommendations:		**No of <u>Key</u> Recommendations relevant to UHL:**		**No of Key Recommendations, relevant to UHL, met:**	
		No of Key Recommendations relevant to Alliance		**No of Key Recommendations, relevant to Alliance, met:**	

Audit Lead	**Audit Project Number**	**General Manager**	**Summary of Business Plan**

Where not fully compliant	**Overall Level of Risk**	**Action Plan in Place**	**Date full compliance expected**

Head of Service/Department Responsible for sign off and dissemination	**Date of latest Review or 'Sign Off'**	**Date next review due:**
Alliance Response Lead		

CMG/Alliance Assurance Committee		

Guideline reference	NICE recommendation – Key Priorities for Implementation	UHL response and actions required if not fully compliant[1]	Key Recommendations met: (Fully, Partially, Not at all)	RAG for Actions being taken, where not fully met	Level of Risk, where not fully met (refer to UHL Risk Assessment Tool)

Status key:	5	Complete	4	On track	3	Some delay-expect to complete as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

[1] Audit evidence, etc, should be attached as an Appendix and UHL Action Plan Template should be used where applicable